

TAD REQUEST SHEET

COMNAVRESFORINST 5000.1A Art. 1320.1

Privacy Act Statement. The authority to request this information is contained in 5 U.S.C. 301 Departmental Regulations. The principal purpose is to enable you to make known your desire for TAD. The information will be used to assist in approving or disapproving the TAD being requested. You are required to provide this information. Failure to provide the requested information may result in disapproval of your request.

RANK/RATE:	NAME:	SSN:	CODE/EXT.
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PURPOSE OF TAD:	FROM:
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TO: (Provide city/state, command name, and number of days at each site)

(a)

(b)

(c)

(d)

DEPARTURE DATE:	RETURN DATE:
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MODE OF TRAVEL: (PA = PRIV AUTO CA = COMM AUTO GP = GOVT PLANE CP = COMM PLANE)

DEPARTING:	RETURNING:
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GOV'T MESSING AVAILABLE: ☐ YES ☐ NO GOV'T QUARTERS AVAILABLE: ☐ YES ☐ NO (NON-AVAIL #)

RENTAL CAR REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	SIZE CAR:	APPROXIMATE NUMBER OF MILES:
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ADVANCE PER DIEM:
☐ YES ☐ NO ☐ FREQUENT TRAVELER (40%) ☐ NON-FREQUENT TRAVELER (80%)

SECURITY CLEARANCE:	POINT OF CONTACT/TELEPHONE AT THE TAD SITE:
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Utilization of Government Quarters not required. Non-military Base – No CNA is required.

Utilization of Government Quarters/Messing would adversely affect mission of TAD.

Authorized Travel via POC as advantageous to the Government with reimbursement per JFTR, paragraph U3305-A1 for the official distance traveled.

Reimbursement of conference fee is authorized. Dollar amount is \$

Utilization of Government Quarters is not required. Non-availability Number is

REMARKS:

PROGRAM DIRECTOR / SPECIAL ASSISTANT / DEPUTY CHIEF OF STAFF only

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE:	CODE:	DATE:
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NALO FLIGHT INFORMATION/REQUEST

DATE OF DEPARTURE:	DESIRED TIME OF DEPARTURE: Z	EARLIEST: Z	DESIRED DESTINATION ARRIVAL: Z	REQUIRED: Z
DATE OF RETURN:	DESIRED TIME OF DEPARTURE: Z	EARLIEST: Z	DESIRED DESTINATION ARRIVAL: Z	REQUIRED: Z
DATE TIME GROUP (DTG): Z	RESPONSE:			

REMARKS: